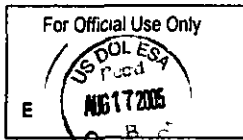


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9228</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>TERENCE M. McCAFFERTY</u> P O Box, Bldg, Room No, if any Street <u>541 JUSTO LN.</u> City <u>SEVEN HILLS</u> State <u>OH</u> ZIP Code + 4 <u>44131</u>	4 Name, file number, and address of labor organization Name <u>PIPEFITTERS LOCAL UNION 120</u> Labor Organization File Number <u>034443</u> P O Box, Building and Room Number, if any Street <u>6305 HALLE DR.</u> City <u>CLEVELAND</u> State <u>OH</u> ZIP Code + 4 <u>44125</u>
5 Position in labor organization <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Terence M. McCafferty</u>	On <u>8/15/05</u> Date	<u>216-447-3408</u> Telephone Number

Name of Person Filing <u>TERENCE M. McCAFFERTY</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name BOYD WATSON ASSET MANAGEMENT

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street 1801 E 9th SUITE 1400

City CLEVELAND

State OH ZIP Code + 4 44114

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name PIPEFITTERS LU 120 PENSION FUND

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street 6305 HALE DR.

City CLEVELAND

State OH ZIP Code + 4 44125

11 a Nature of such dealing

ASSET MANAGER FOR PENSION FUND

11 b Approximate dollar value of such dealing 37971.00

12 a Nature of interest held or income received

DINNER DURING LEGISLATIVE CONFERENCE

12 b Amount 155.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name _____

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment

Name of Person Filing <u>TERENCE M. McCafferty</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>FAULKNER, MUSKOVITZ & PHILLIPS LLP</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>820 WEST SUPERIOR AVE</u></p> <p>City <u>CLEVELAND</u></p> <p>State <u>OH</u> ZIP Code + 4 <u>44113</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>PIPEFITTERS W 120 ANNUITY FUND</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>6305 HAWES DR.</u></p> <p>City <u>CLEVELAND</u></p> <p>State <u>OH</u> ZIP Code + 4 <u>44125</u></p>	<p>11 a Nature of such dealing</p> <p><u>ATTORNEY FOR ANNUITY FUND</u></p> <hr/> <p>11 b Approximate dollar value of such dealing <u>1800⁰⁰</u></p> <p>12 a Nature of interest held or income received</p> <p><u>CHRISTMAS GIFT</u></p> <hr/> <p>12 b Amount <u>110⁰⁰</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <u>TIM WILLIS, MARK WILCOX</u></p> <p>Trade Name, if any <u>MANNING, NAPIER, INC.</u></p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>6099 RIVERSIDE DR. # 207</u></p> <p>City <u>DUBLIN</u></p> <p>State <u>OH</u> ZIP Code + 4 <u>43017</u></p>	<p>14 a Nature of payment</p> <p><u>DINNER FOR SALES</u></p> <p><u>PRESENTATION FOR MONEY</u></p> <p><u>MANAGEMENT SERVICES.</u></p>
<p>13 b Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <p><u>45⁰⁰</u></p>

Name of Person Filing	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>PIPEFITTERS LOCAL UNION 120 PENSION FUND</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street <u>6305 HALL DR.</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44125</u>	11 a Nature of such dealing <u>ATTENDANCE AT TRAINING SEMINAR.</u> <hr/> 11 b Approximate dollar value of such dealing <u>NA</u> 12 a Nature of interest held or income received <u>REIMBURSEMENT OF EXPENSES AND CONFERENCE FEES TO ATTEND THE MEEMP ANNUAL CONFERENCE</u> <hr/> 12 b Amount <u>2687.00</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment. _____ _____ _____
13 b Is the Business an Employer _____ or Consultant _____ ?	14 b Amount of payment _____